

**Affidavit of Process Server**

USDC SOUTHERN DISTRICT OF NEW YORK

(NAME OF COURT)

SUZANNE CRUISE CREATIVE SERVICES INC & LAURIE COOK  
PLAINTIFF / PETITIONER

-VS-

CVS CAREMARK CORP A DELAWARE CORP  
DEFENDANT/ RESPONDENT10-CV-4293 PKC  
CASE

I declare that I am a Citizen of the United States, over the age of eighteen and not a party to this action. And that within the boundaries of the state where service was effected. I was authorized by law to perform said service

**Service:** I served CVS CAREMARK CORPORATION 1 CVS DR WOONSOCKET RI  
NAME OF PERSON / ENTITY BEING SERVICED)

with the (documents) SUMMONS, FIRST AMENDED COMPLAINT

by serving LEGAL DEPARTMENT  
NAME

RELATIONSHIP

at ☐ Home☒ Business ONE CVS DRIVE WOONSOCKET RI

ON 21, JANUARY 2011  
DATE

at 12:30 pm  
TIME

Thereafter copies of the documents were mailed prepaid, first class mail on \_\_\_\_\_

DATE

from \_\_\_\_\_  
CITY STATE

**Manner of Service:** ☒ By personally delivering copies to the person/authorized agent of entity being served.

☐ By leaving, during office hours. copies at the office of the person /entity being served, leaving same with the person apparently in charge thereof

☐ By leaving copies at the dwelling house or usual place of abode of the person being served, with a member of the household 18 or older and explaining the general nature of the papers.

☐ By posting copies in a conspicuous manner to the address of the person / entity being served.

**Non-Service:** After due search careful inquiry and diligent attempts at the address (es) listed above. I have been unable to effect process upon the person / entity being served because of the following reason(s):

☐ Unknown at Address☐ Evading☐ Moved, Left no forwarding☐ Other:☐ Address Does Not Exist☐ Service Canceled by Litigant☐ Unable to Serve In a Timely Fashion

**Service Attempts:** Service Was attempted on ( ) \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ ( ) \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
( ) \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ ( ) \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ ( ) \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

**Description:** Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Glasses: \_\_\_\_\_

I declare under penalty of perjury that the information contained herein is true and correct and this affidavit was executed on

1/20/11 at WARWICK RI  
DATE CITY STATE

state of RHODE ISLAND

county of PROVIDENCE

[Signature]  
Constable

subscribed and sworn before me, a notary public, this 21st day of January, 2010.

WITNESS MY HAND AND OFFICIAL SEAL TO

[Signature]  
NOTARY PUBLIC

MONA MARDINI

Note:

[Signature]  
1-21-11 12:30 PM